



# Public Health Bulletin

A Publication of the Public Health Department, Jeff Hamm, Health Agency Director

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## More Complete Reporting on Death Certificates Needed

In the past year, San Luis Obispo County has changed its way of receiving and filing death certificates, moving from a paper-based system to Electronic Death Registration System (EDRS).

Now all parties involved in registering and filing a death certificate can do it electronically, so that there are no more delays as copies are mailed to various parties involved. If you would like more information regarding this new process, call the San Luis Obispo County Vital Statistics registrar Dee Villarreal at 781-5514.

Physicians might wonder whether we really, truly care about what gets put down as the cause of death on death certificates, and the answer is YES. The underlying cause of death on a death certificate is used to identify mortality patterns and determine changes over time, identify regional differences in death rates, and monitor trends in public health issues such as infant and maternal mortality, infectious diseases and accidents and suicides.

To understand what caused a death, sometimes more information is needed on a death certificate

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## CenCal Health Takes Over Medical Management of MediCal Clients

On March 1, 2008, the medical management of MediCal clients transitioned to CenCal Health (formerly Santa Barbara Health Authority). MediCal managed care models have been expanding into several counties throughout the state on a prescribed schedule through the State Office of Managed Care. The state and the federal government have decided on areas where managed care may be more cost effective and more beneficial to the population served than continuing with the straight, fee-for-service MediCal model of health care payments.


CenCal Health administers the MediCal population costs. They enrolled providers and have established a network of physicians and specialists and hospitals to provide services for persons with full-scope MediCal. The goal of their work is to improve the health status of persons who have MediCal. They plan to achieve that goal through extensive review of treatments prescribed and services that are

delivered and through training of providers and members about ways to improve health status.

CenCal Health has already launched a program on obesity prevention and will continue to work with their providers to integrate information about obesity prevention and early intervention into their practice.

### Valley Fever Recommendations

Recently, the Public Health Department was contacted by a construction worker, concerned that several persons on their work crew were having respiratory symptoms, with some having been diagnosed with pneumonia after doing some excavating at a worksite. The Public Health Department began an investigation which quickly grew to include the California Department of Public Health. Ultimately, it was discovered that 50% of the persons working at the site had contracted coccidioides immitis, or Valley Fever.

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## Shaken Baby Syndrome Simulator Now Available

The San Luis Obispo County Child Abuse Prevention Council has purchased two Shaken Baby Syndrome simulators.

Shaking the life-sized infant simulator is disturbing. Watching the damage progress across the brain through illuminated LEDs is powerful. Hearing the piercing cry abruptly stop is devastating. There's no denying the instant and permanent effects of shaking a helpless baby when this electronic simulator is in your hands.

According to the Centers for Disease Control, approximately 25 percent of shaken baby victims die from their injuries. Shaken Baby Syndrome (SBS) is underreported because the effects on the brain aren't always immediately seen, the abuse may not be reported, and perpetrators often lie to medical personnel about the cause of a baby's injuries. Experts agree that awareness of SBS is critical for everyone who cares for an infant, responds to family emergencies, or trains future parents, babysitters and child care providers.

Materials included with the simulator describe the type and extent of injuries shaking can cause, list the many reasons babies cry, offer techniques to calm an inconsolable baby, and help participants establish a plan for managing those stressful times without harming an infant in their care.

Call the SLO-CAP office at 543-6216 to reserve this educational tool or visit [www.slocap.org/](http://www.slocap.org/).

## Child Abuse Prevention Workshop May 30

Coastal Tri-Counties Child Abuse Prevention Coalition and the Santa Barbara County Child Abuse Prevention Council will present a *Building Parent Leadership, Involvement and Partnerships* workshop on May 30 at the Royal Scandinavian Inn in Solvang.

The day's activities include a parent leadership panel, researched based models of parent involvement, and engaging breakout sessions. Jerry Tello will be the keynote speaker.

Registration is required. Call Lisa Fraser at 543-6216 for more details.

### Death Certificates (continued)

than the minimum. For example, listing "blunt force trauma" as the only cause of death, and marking it as an accident doesn't help much in understanding what happened to the person. Was it blunt force trauma to the head or chest? Was the person in a car, or hit by a car? Was it a fall from a ladder? Did something fall on the person? Any of these are of importance in determining trends in accidental deaths.

For the "immediate cause of death" on the death certificate, the terminal event (for example, cardiac arrest, asystole, or respiratory arrest) should not be used. If a terminal event seems most appropriate, then you always need to list its causes on the lines below (for example, cardiac arrest due to coronary artery atherosclerosis). Thirty-three percent of death certificates in San Luis Obispo County listed the terminal event as the "immediate cause of death" in 2007.

Sepsis seems to be an issue on death certificates in our county as well. When listing sepsis as a cause of death, make sure there is a trail to follow on what caused the sepsis. When urosepsis is the only listed cause of death, it is difficult to know why the person had a urinary tract infection. Healthy people generally will not die of a UTI. If a catheter is in place, it should be noted as well as to why the catheter was placed, such as "indwelling catheter for neurogenic bladder." A sequence such as "cardiopulmonary arrest" due to "sepsis" due to "renal failure" is similarly unrevealing. If possible, try to list an underlying medical condition that lead to this sequence of events.

The vital statistics registrar can now reject the electronic death certificates with insufficient underlying medical causes of death. In that case the mortuary will follow up, usually with the physicians signing the certificate, to attempt to get further medical information. This is done at the State's request, so try not to hate the messenger.

Just as the local registrar can reject a certificate, the State can reject the local filing as well. All we ask is that you try to list the underlying cause(s) that started the chain of events leading to the death.

For more details on filling out a death certificate, visit the Name Association of Medical Examiners Web site: [www.thename.org/](http://www.thename.org/).

## Update on Merck and GSK Pediatric and Adult Hepatitis A Vaccine

Merck & Co., Inc., is experiencing production delays for Pediatric and Adult hepatitis A vaccine (Pediatric & Adult VAQTA). Merck has temporarily discontinued accepting orders for Pediatric VAQTA and Adult VAQTA in the vial formulation. Based on current information, it is estimated that VAQTA will be available in early third quarter 2008 and Adult VAQTA in fourth quarter 2008.

GSK production and supply of their Pediatric and Adult hepatitis A vaccine (Pediatric & Adult Havrix) and their Adult hepatitis A/hepatitis B combination vaccine (Twinrix) are currently in ample supply to meet demand. GSK has initiated plans to increase production of Havrix and Twinrix, to help ensure an uninterrupted supply for the U.S. market.

### Health Officer Notes (continued)

Out of this investigation came some recommendations for workers and companies doing work outdoors where dirt could be disturbed in San Luis Obispo County, especially in the North County region. These recommendations, along with descriptions of high risk activities are now posted on the Public Health Department's Web site, and we are providing a brief synopsis here.

Cocci is spread in the environment through dust that contains spores of the fungus. The spores are small enough to be inhaled deep into the lung, where they can cause infection. Construction workers have been found to be at increased risk of Valley Fever compared to agricultural or other workers. In particular, pipeline, highway, and utility construction often involves work in remote areas where the soil has not been disturbed and where pockets of cocci may exist. Preventative measures, notably dust control, can be effective in reducing the rate of infection. The following recommendations apply:

- Inhaling cocci spores may cause Valley Fever;
- Workers should be trained to recognize symptoms of Valley Fever;
- Provide HEPA-filtered air-conditioned enclosed cabs on heavy equipment;
- Provide National Institute for Occupational Safety and Health (NIOSH) approved respirators for workers without prior history of Valley Fever;
- Half-face respirators equipped with N-100 or P-100 filters should be used during digging;
- Prohibit eating and smoking at the worksite;
- Consider limiting outdoor construction during the fall to essential jobs only, as the risk of cocci infection is higher during this season;
- Post warnings onsite and consider limiting access to visitors.

Medical providers should also be aware of the increased risk of Valley Fever to certain occupational groups, and include some risk assessment questions when obtaining a history for respiratory illness. Please remember that Valley Fever is a reportable condition, and a confidential morbidity report can be obtained on the Public Health Department Web site, [www.slocounty.ca.gov/health/publichealth.htm](http://www.slocounty.ca.gov/health/publichealth.htm).

#### West Nile Virus:

To date in 2008, 43 birds have been called in to the West Nile Virus (WNV) dead bird hotline. Of these, 16 were suitable for testing. No positive results have been reported yet, but we would like to remind providers that WNV season is coming. Resources on WNV are on the Public Health Department Web site, as well as the CDC ([www.cdc.gov](http://www.cdc.gov)) and California Department of Public Health Web sites ([www.dhs.ca.gov](http://www.dhs.ca.gov)).

#### Tuberculosis (TB)

Beginning in October, the Public Health Department began investigating a case of active TB affiliated with Paso Robles High School. We are happy to report that we have identified no further active cases of TB associated with that index case.

# San Luis Obispo County Reported Cases of Selected Communicable Diseases - 2008

Disease	January	February	March	Total 2008	Total 2007
AIDS/HIV	0/2	0/0	1/3	1/5	9/27
<b>Amebiasis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Brucellosis	0	0	0	0	0
<b>Campylobacteriosis</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>49</b>
Chlamydial Infections	42	49	79	170	629
<b>Coccidioidomycosis</b>	<b>2</b>	<b>6</b>	<b>9</b>	<b>17</b>	<b>113</b>
Cryptosporidiosis	0	0	0	0	18
<b>E. Coli 0157:H7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
Giardiasis	0	1	0	1	7
<b>Gonorrhea</b>	<b>1</b>	<b>5</b>	<b>8</b>	<b>14</b>	<b>48</b>
Hepatitis A	0	1	2	3	2
<b>Hepatitis B</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>11</b>	<b>28</b>
Hepatitis C Acute	0	0	0	0	3
<b>Hepatitis C Chronic</b>	<b>21</b>	<b>36</b>	<b>62</b>	<b>119</b>	<b>366</b>
Hepatitis, Unspecified	0	0	0	0	0
<b>Listeriosis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Measles (Rubeola)	0	0	0	0	0
<b>Meningitis - Total</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>9</b>
Meningitis - Viral	0	0	3	3	17
<b>Meningitis, H-Flu</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Meningococcal Disease	0	0	0	0	0
<b>Pertussis</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>16</b>
Rubella	0	0	0	0	0
<b>Salmonellosis</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>26</b>
Shigellosis	0	0	0	0	4
<b>Syphilis - Total</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>16</b>
Tuberculosis	0	0	0	0	2
<b>West Nile Fever</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
W. Nile Virus Neuroinvasive	0	0	0	0	0



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